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Supplemental Application Data Sheet

Application Information

Application number:: 09977052
 Filing Date:: 10/12/01
 Application Type:: Regular
 Subject Matter:: Utility
 Title:: PATIENT-SPECIFIC TEMPLATE
 DEVELOPMENT FOR
 NEUROLOGICAL EVENT
 DETECTION
 Attorney Docket Number:: N02-01
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 6
Total Drawing Sheets:: 10
Formal Drawings?:: No
Small Entity?:: Yes
Petition Included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Benjamin D.
Family Name:: Pless
City of Residence:: Atherton
State or Province of Residence:: CA

Street of mailing address:: 255 Santa Ana Court
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94085

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas K.
Family Name:: Tcheng
City of Residence:: Pleasant Hill

State or Province of Residence:: CA
Street of mailing address:: 255 Santa Ana Court
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94085

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eyad
Family Name:: Kishawi
City of Residence:: Daly City
State or Province of Residence:: CA
Street of mailing address:: 255 Santa Ana Court
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94085

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

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<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Barbara</u>
<u>Family Name::</u>	<u>Gibb</u>
<u>City of Residence::</u>	<u>Palo Alto</u>
<u>State or Province of Residence::</u>	<u>CA</u>
<u>Street of mailing address::</u>	<u>255 Santa Ana Court</u>
<u>City of mailing address::</u>	<u>Sunnyvale</u>
<u>State or Province of mailing address::</u>	<u>CA</u>
<u>Postal or Zip Code of mailing address::</u>	<u>94085</u>

<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>US</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Javier</u>
<u>Family Name::</u>	<u>Echaz</u>
<u>City of Residence::</u>	<u>Dunwoody</u>
<u>State or Province of Residence::</u>	<u>GA</u>
<u>Street of mailing address::</u>	<u>10933 Crabapple Road #101</u>
<u>City of mailing address::</u>	<u>Roswell</u>
<u>State or Province of mailing address::</u>	<u>GA</u>
<u>Postal or Zip Code of mailing address::</u>	<u>30075</u>

<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>US</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Rosana</u>
<u>Family Name::</u>	<u>Esteller</u>
<u>City of Residence::</u>	<u>Marietta</u>
<u>State or Province of Residence::</u>	<u>GA</u>
<u>Street of mailing address::</u>	<u>10933 Crabapple Road #101</u>
<u>City of mailing address::</u>	<u>Roswell</u>

State or Province of mailing address:: GA

Postal or Zip Code of mailing address:: 30075

Correspondence Information

Correspondence Customer Number:: 26876

Representative Information

<u>Representative Customer Number::</u>	<u>26876</u>	
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Assignee Information

Assignee Name:: NeuroPace, Inc.

City of mailing address:: Sunnyvale

State or Province of mailing address:: CA